

# Vigo County Parks and Recreation Department

## Hawthorn Park Caretaker Application

Classification: Contracted Employee

### Applicant ("Tenant")

Full name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
State/City/Zip: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ circle one: home work cell  
Phone #2: \_\_\_\_\_ circle one: home work cell  
Birth date (mm/dd/yyyy): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

### Previous Residences - *List Most Recent First*

Dates Resided: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Landlord Phone Number: \_\_\_\_\_

Dates Resided: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Landlord Phone Number: \_\_\_\_\_

Dates Resided: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Landlord Phone Number: \_\_\_\_\_

### Additional Residence Members

Additional residence members are limited to the residence standard of a total of **two (2)** household members per residence bedroom. As the property has **two (2)** residence bedrooms, The **Hawthorn Park Caretaker Residence** may house **three (3)** household members in addition to the Tenant.

**Additional household member No. 1**

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Full name: \_\_\_\_\_

Birth date (mm/dd/yyyy): \_\_\_\_\_

Social Security Number \_\_\_\_\_

Relationship to Tenant: \_\_\_\_\_

**Additional household member No. 2**

Full name: \_\_\_\_\_

Birth date (mm/dd/yyyy): \_\_\_\_\_

Social Security Number \_\_\_\_\_

Relationship to Tenant: \_\_\_\_\_

**Additional household member No. 3**

Full name: \_\_\_\_\_

Birth date (mm/dd/yyyy): \_\_\_\_\_

Social Security Number \_\_\_\_\_

Relationship to Tenant: \_\_\_\_\_

## Background Screening

By signing this application, the Tenant authorizes Vigo County Parks and Recreation Department to perform a criminal background check.

## Drug Screening

Prior to entering into agreement, Tenant must successfully pass a drug screening. Tenant may be required to submit to random re-testing as a term of this Agreement.

***I authorize the investigation of all statements contained in this application.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Return Application To:

Vigo County Parks and Recreation Department  
Vigo County Government Building  
155 Oak Street  
Terre Haute, IN 47807